

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICER
(703) 305-5433

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND..	DEP.	IND.	DEP.	IND.	DEP.	
1	1					
2		1				
3		1				
4		3				
5		1				
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TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

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IND.	DEP.	IND.	DEP.
INC	DEP.		
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY